PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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	Application Number	09/128,718		
TRANSMITTAL	Filing Date	August 4, 1998		
FORM	First Named Inventor	Michael J. Heller et al.		
1 011111	Art Unit	1631		
for all correspondence after initial filing)	Examiner Name	Marjorie Moran		
of Dance in This Submission	Attorney Docket Number	612,404-244		

	ages in this commission				
ENCLOSURES (Check all that apply)					
Amendment After F Affidav Extension of Express Aba Information I PTO/SB08A 8 Certified Cop	trached final fits/declaration(s) Time Request andonment Request Disclosure Statement, Cited Non-US Patent Refs py of Priority	Drawing(s) Declaration Assignment & PTO 1595 Sequence Listing - Paper Copy Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): 1) Return Postcard		
Incomplete A	o Missing Parts/ Application onse to Missing Parts 7 CFR 1.52 or 1.53	JRE OF APPLICANT, ATTORNEY, O	OR AGENT		
Signature	D'Melveny & Myers LLP	<u> </u>			
Printed name [Date	David B. Murphy	R	Reg. No. 31,125		
CERTIFICATE OF TRANSMISSION/MAILING					
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.					
Signature	Dune	Na			
Typed or printed n	Denise N. Doss		Date 1-26-07		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)
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Effective on 12/08/2004. Fees possion to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TRANSMITTAL for FY 2005

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OTAL	AMOUNT	ΛE	PAYMENT	(\$)	245.00
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Application Number	09/128,718	
Filing Date	August 4, 1998	
First Named Inventor	HELLER et al.	
Examiner Name	Marjorie Moran	
Art Unit	1631	
Attorney Docket No.	612,404-244	

TOTAL AMOUNT OF TH		(*/			012,404	-2-1-1	
METHOD OF PAYMEN	NT (check all	that apply)					
Check Credi	t Card	Money Order	None [Other (please	identify):		<u> </u>
Deposit Account	Deposit Accoun	t Number: <u>50-286</u>	32	Deposit Accour	nt Name: O'Melve	eny & Myers LLF)
For the above-ide	ntified deposit	account, the Dir	rector is hereby a	uthorized to: (che	ck all that apply)	,
Charge any a	R 1.16 and 1.1 this form may b) or underpaym 7 ecome public. C	L	Credit any o	verpayments	w, except for the	-
FEE CALCULATION							
1. BASIC FILING, SE	ARCH, AND	EXAMINATIO	N FEES				
	FILING I	FEES	SEARCH	FEES	EXAMINA	TION FEES	
	-	Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FI	EES				4	<u>s</u>	mall Entity
Fee Description	•					Fee (\$)	Fee (\$)
Each claim over 20 (in						50	25
Each independent clair		luding Reissu	es)			200	100
Multiple dependent cla						360	180
<u>Total Claims</u> 11 - 20 or H	Extra Cla	<u>ims</u> Fee	<u>(\$)</u>	id (\$)		Multiple Depe	endent Claims Fee Paid (\$)
11 - 20 or H HP = highest number of total						1 66 (4)	ree raid (4)
Indep. Claims	Extra Cla	-	e (\$) Fees Pa	id (\$)			
2 - 3 or HP		× 100	= 0				
HP = highest number of inde	pendent claims p	aid for, if greater	than 3				
3. APPLICATION SIZ	E FEE	٠.			•		
If the specification listings under 37 (sheets or fraction	n and drawin CFR 1.52(e)) thereof. See <u>Extra Sheets</u>	, the application 35 U.S.C. 410	on size fee due (a)(1)(G) and 3' nber of each add	is \$250 (\$125 f 7 CFR 1.16(s).	for small entity		
4. OTHER FEE(S)					•		Fee Paid (\$)
Non-English Spec	ification, S	130 fee (no si	mall entity disco	ount)			
Other (e.g., late fi					losure Statem	ent	245.00

SUBMITTED BY			
Signature	Dat lend	Registration No. 31,125 (Attorney/Agent)	Telephone 949.760.9600
Name (Print/Type)	David B. Murphy		Date 1/26/07

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